## BEST, AVAILABLE COPY

	PATENT	ORD	Application or Docket Number											
. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			00					RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 35	5.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		0			X40=			OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						į	TOTAL	_	•	OR	TOTAL	710		
CLAIMS AS AMENDED - PART II								OTHER THA					THAN	
(Column 1)				(Colur		(Column 3) SMA			L ENTI	TY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 19	Minus	Z	0	= /		X\$ 9=			OR	X\$18=.		
AME	Independent	· 2	Minus	7	CLAIN			X40=			OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		<sup>3</sup> [	+135=			OR	+270=			
								TOTA			OR ,	TOTAL ADDIT, FEE		
		(Column_1)	olumn 1) (Column 2) (Column 3)						ADDIT. FEE			ADDITE LE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADI TIOI FE	VAL		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	2	20	= /		X\$ 9=			OR	X\$18=	·	
AME	Independent	NTATION OF MU	Minus	*** 3	, , , , , , , , , , , , , , , , , , ,			X40=			OR	X80=		
L	FIRST PRESE	NIATION OF MC	JETIPLE DEF	ZNUENI	CLAIM		<b>,</b> [	+135=			OR	+270=		
									-			TOTAL ADDIT, FEE		
	•		ADDIT. FE	-		,	NOUI I. FEEL							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	_	(Colun HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
NON NON	Total	. 70	Minus	20	0	= /		X\$ 9=			OR	X\$18=		
AME	Independent	. 2	Minus	··· 3	<u> </u>	-/_		X40=	1	, 1	OR	X80=		
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=		
**	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul>									_	OR L	TOTAL ODIT, FEE		
***	If the "Highest Nu	mber Previously Pa hber Previously Pai	aid For IN THI	S SPACE IS	s less tha	n 3, enter "3."		DDIT. FEE		te box				